

Montana Cancer Control Programs
Compensation and Billing - Covered Services
Fee for Service Schedule - Effective June 30, 2009 Until notified of a change

<i>Description of Services</i>	<i>CPT Codes</i>	<i>Rate</i>
OFFICE VISITS		
Office Visit, New Patient, Problem Focused- 10 minutes	99201	\$33.45
Office Visit, New Patient, Expanded Problem Focus- 20 minutes	99202	\$58.31
Office Visit, New Patient, Low Complexity- 30 minutes	99203	\$84.73
Office Visit, New Patient, Moderate Complexity- 45 minutes	99204	\$131.99
Office Visit, Established Patient, Minimal Problem- 5 minutes	99211	\$16.76
Office Visit, Established Patient, Problem Focused- 10 minutes	99212	\$33.76
Office Visit, Established Patient, Low Complexity- 15 minutes	99213	\$56.82
Office Visit, Established Patient, Moderate Complexity, 25 minutes	99214	\$85.73
Consultation New/Established Patient, Problem Focused- 15 minutes	99241	\$44.46
Consultation New/Established Patient, Expanded Problem Focus- 30 min	99242	\$83.75
Consultation New/Established Patient, Low Complexity- 40 minutes	99243	\$115.26
Preventive Services, New Patient, Age 18-39	99385	\$58.31
Preventive Services, New Patient, Age 40-64	99386	\$84.73
Preventive Services, New Patient, Age 65 and over	99387	\$84.73
Preventive Services, Established Patient, Age 18-39	99395	\$33.45
Preventive Services, Established Patient, Age 40-64	99396	\$56.82
Preventive Services, Established Patient, Age 65 and over	99397	\$56.82
RADIOLOGICAL PROCEDURES		
Radiological exam, surgical specimen (global)	76098	\$17.50
Radiological exam, surgical specimen (technical)	76098/TC	\$9.65
Radiological exam, surgical specimen (professional)	76098-26	\$7.85
Ultrasound, Breast(s) unilateral or bilateral (global)	76645	\$78.54
Ultrasound, Breast(s) unilateral or bilateral (technical)	76645/TC	\$52.47
Ultrasound, Breast(s) unilateral or bilateral (professional)	76645-26	\$26.07
Ultrasound guidance for needle biopsy (global)	76942	\$158.68
Ultrasound guidance for needle biopsy (technical)	76942/TC	\$126.15
Ultrasound guidance for needle biopsy (professional)	76942-26	\$32.53
Stereotactic Localization for breast biopsy, each lesion, Radiological supervision & interpretation. (global)	77031	\$170.85
Stereotactic Localization for breast biopsy, each lesion, Radiological supervision & interpretation. (technical)	77031/TC	\$93.91
Stereotactic Localization for breast biopsy, each lesion, Radiological supervision & interpretation. (professional)	77031-26	\$76.94
Preoperative placement of needle localization wire, breast Radiological supervision & interpretation. (global)	77032	\$53.24
Preoperative placement of needle localization wire, breast Radiological supervision & interpretation. (technical)	77032/TC	\$26.14
Preoperative placement of needle localization wire, breast Radiological supervision & interpretation. (professional)	77032-26	\$27.10
Diagnostic Mammography, Unilateral (2 views of 1 breast) (global)	77055	\$75.09
Diagnostic Mammography, Unilateral (technical)	77055/TC	\$41.17

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Diagnostic Mammography, Unilateral (professional)	77055-26	\$33.94
Diagnostic Mammography, Bilateral (global)	77056	\$95.14
Diagnostic Mammography, Bilateral (technical)	77056/TC	\$53.02
Diagnostic Mammography, Bilateral (professional)	77056-26	\$42.12
Screening Mammography, Bilateral (global)	77057	\$72.27
Screening Mammography, Bilateral (technical)	77057/TC	\$38.36
Screening Mammography, Bilateral (professional)	77057-26	\$33.92
Digital Screening Mammography, Bilateral (global)	G0202	\$113.21
Digital Screening Mammography, Bilateral (technical)	G0202/TC	\$79.90
Digital Screening Mammography, Bilateral (professional)	G0202-26	\$33.31
Digital Diagnostic Mammography, Bilateral (global)	G0204	\$133.33
Digital Diagnostic Mammography, Bilateral (technical)	G0204/TC	\$92.12
Digital Diagnostic Mammography, Bilateral (professional)	G0204-26	\$41.21
Digital Diagnostic Mammography, Unilateral (global)	G0206	\$105.94
Digital Diagnostic Mammography, Unilateral (technical)	G0206/TC	\$72.63
Digital Diagnostic Mammography, Unilateral (professional)	G0206-26	\$33.31

LABORATORY AND PATHOLOGY

Papillomavirus, human, amplified probe technique	87621	\$51.25
Cytopathology, fluids, washings or brushings, except vaginal or cervical (global)	88104	\$54.16
Cytopathology, fluids, washings or brushings, except vaginal or cervical (technical)	88104/TC	\$27.98
Cytopathology, fluids, washings or brushings, except vaginal or cervical (prof)	88104-26	\$26.18
Cytopathology, cervical or vaginal, requiring interpretation by a physician.	88141	\$25.10
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	88142	\$29.58
Cytopathology with manual screening and re-screening under physician supervision.	88143	\$29.58
Cytopathology with automated screening and manual re-screening under physician supervision	88148	\$22.19
Cytopathology, slides, cervical or vaginal, (Bethesda System) manual screening under physician supervision	88164	\$15.42
Evaluation of fine needle aspirate (global)	88172	\$47.05
Evaluation of fine needle aspirate (technical)	88172/TC	\$18.81
Evaluation of fine needle aspirate (professional)	88172-26	\$28.24
Evaluation of fine needle aspirate, interpretation (global)	88173	\$118.73
Evaluation of fine needle aspirate, interpretation (technical)	88173/TC	\$53.64
Evaluation of fine needle aspirate, interpretation (professional)	88173-26	\$65.09
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	88174	\$31.19
Cytopathology with automated screening and re-screening under physician supervision.	88175	\$38.68
Surgical pathology, gross examination only (surgical specimen)	88300	\$19.87
Surgical pathology, gross and microscopic examination(review level II)	88302	\$41.46

<i>Description of Service</i>	<i>CPT Codes</i>	<i>Rate</i>
Surgical pathology, gross and microscopic examination(review level III)	88304	\$52.96
Surgical pathology/biopsy lab. Breast, cervical, colon, colorectal polyp biopsy specimens only	88305	\$91.68
Surgical pathology/biopsy lab. (technical)	88305/TC	\$56.26
Surgical pathology/biopsy lab. Breast or Cervical specimens only (professional)	88305-26	\$35.42
Surgical pathology. Breast, excision of lesion, requiring microscopic evaluation of surgical margins (global)	88307	\$183.98
Surgical pathology. Breast, excision of lesion, requiring microscopic evaluation of surgical margins (technical)	88307/TC	\$108.68
Surgical pathology. Breast, excision of lesion, requiring microscopic evaluation of surgical margins (professional)	88307-26	\$75.30
Surgical pathology, gross and microscopic examination, colon, segmental resection for tumor or total resection(review level IV)	88309	\$279.12
Pathology: Special Stains	88312	\$85.58
Consultation, comprehensive, with review of records and specimens, with report on referred material.	88325	\$172.51
Pathology consultation during surgery	88329	\$44.81
First tissue block with frozen sections, single specimen (global)	88331	\$81.21
First tissue block with frozen sections, single specimen (technical)	88331/TC	\$24.49
First tissue block with frozen sections, single specimen (professional)	88331-26	\$56.72
Each additional tissue block with frozen sections (global)	88332	\$36.61
Each additional tissue block with frozen sections (technical)	88332/TC	\$8.73
Each additional tissue block with frozen sections (professional)	88332-26	\$27.87
Immunohistochemistry, each antibody (global)	88342	\$87.47
Immunohistochemistry, each antibody (technical)	88342/TC	\$48.14
Immunohistochemistry, each antibody (professional)	88342-26	\$39.33

BREAST SURGERIES

Anesthesia, anterior trunk (baseline= 3 units@ 15 minutes each)	00400	\$20.12
Fine needle aspiration, without imaging guidance	10021	\$113.91
Fine needle aspiration, with imaging guidance	10022	\$116.79
Puncture aspiration of cyst of breast	19000	\$91.20
Puncture aspiration of cyst of breast, each additional	19001	\$24.06
Biopsy of breast, percutaneous, needle core, not using imaging guidance	19100	\$112.92
Biopsy of breast, open, incisional	19101	\$258.99
Biopsy of breast, percutaneous, needle core, using imaging guidance	19102	\$184.99
Biopsy of breast, percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance	19103	\$458.68
Nipple Exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct	19110	\$360.13
Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue,duct lesion, nipple or areolar lesion, open, one or more lesions.	19120	\$380.17
Excision of breast lesion identified by preoperative placement of radiological marker, single lesion.	19125	\$421.45
Excision of breast lesion separately identified by preoperative placement of radiological marker,each additional lesion.	19126	\$140.86
Preoperative placement of needle localization wire, breast	19290	\$135.90
Preoperative placement of needle localization wire, breast,	19291	\$59.13

<i>Description of Services</i>	<i>CPT Codes</i>	<i>Rate</i>
each additional lesion		
Image guided placement, metallic localization clip, percutaneous, during breast biopsy	19295	\$72.03
<i>CERVICAL SURGERIES</i>		
Colposcopy of the cervix including upper/adjacent vagina	57452	\$95.43
Colposcopy with biopsy(s) of the cervix and endocervical curettage	57454	\$136.04
Colposcopy with biopsy(s) of the cervix	57455	\$125.56
Colposcopy with endocervical curettage	57456	\$118.50
Endocervical Curettage	57505	\$86.78
<i>FECAL OCCULT BLOOD TEST/FECAL IMMUNOCHEMICAL TEST</i>		
Screening Fecal Occult Blood Test, immunoassay	G0328	\$23.22
Blood, Occult, by peroxidase activity(e.g. guiac), qualitative,: feces, consecutive collected specimens with single determination, for colorectal neoplasm screening	82270	\$4.75
Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations	82274	\$23.22
<i>COLONOSCOPY</i>		
Screening Colonoscopy on average risk individual	G0121	\$330.99
If performed in facility setting	G0121	\$194.74
Screening Colonoscopy on high risk individual	G0105	\$330.99
If performed in facility setting	G0105	\$194.74
Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimens by brushing or washing, with or without colon decompression (separate procedure)	45378	\$330.99
If performed in a facility setting	45378	\$194.74
Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	45380	\$397.38
If performed in facility setting	45380	\$234.56
Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding	45382	\$522.74
If performed in facility setting	45382	\$299.73
Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	45383	\$476.25
If performed in facility setting	45383	\$302.43
Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s) polyp(s) or other lesions by hot biopsy forceps or bipolar cautery	45384	\$392.21
If performed in facility setting	45384	\$244.06
Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesions by snare technique	45385	\$449.71
If performed in facility setting	45385	\$278.64
<i>PRIOR APPROVAL CODES</i>		
Anesth, Vaginal Procedures	00940	\$20.12
Colposcopy with Loop Electrode biopsy(s) of the cervix	57460	\$252.98
Colposcopy with Loop Electrode conization of the cervix	57461	\$285.18
Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair, cold knife or laser	57520	\$266.47
Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair, loop electrode excision	57522	\$228.80
Endometrial Sampling (biopsy) with or without endocervical sampling	58100	\$96.21

- Digital mammography technology may be used to screen women for breast cancer.
- Surgical facility reimbursement is paid for outpatient surgery only. Claim lines containing allowable codes will be paid at the MBCHP rate. Reimbursement for the remaining claim lines that are related to allowable procedures will be calculated at the CURRENT Montana Medicaid statewide outpatient “cost to charge ratio” (CCR). The current CCR is .52%.
- HPV (87621) testing is a reimbursable procedure only if used in follow-up of and ASC-US Pap test result from the screening exam.
- When submitting a claim for the interrupted colonoscopy, professional providers are to suffix the colonoscopy code with a modifier of “-53” to indicate that the procedure was interrupted.
- **In order for a claim to be paid, it must be received within 12 months of the date of service.**